

**Veterans Health Administration (VHA)
Office of Informatics and Analytics (OIA)**

**Requirements Engineering Management
Requirements Elaboration Document (RED)**

CMTRA Migration to FCMT



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Table of Contents

1.	Introduction.....	1
1.1.	Purpose	1
1.2.	Scope.....	1
1.3.	Description of New Product	1
2.	Overall System Attributes	3
2.1.	Dependencies and Constraints	3
2.2.	Risks	3
3.	Specific Requirements.....	4
3.1.	Data Management Requirements	4
3.2.	Business Need Requirements	4
3.3.	Business Owner Requirements	4
3.4.	Business Detail Requirements	6
3.5.	Enterprise Level Requirements	27
3.5.1.	508 Compliance	27
3.5.2.	Identity Management.....	27
3.5.3.	Interoperability (Executive Order)	27
3.5.4.	Privacy	27
3.5.5.	Security	28
3.5.6.	HIPAA Compliance	28
3.5.7.	HL7 Messaging	28
3.5.8.	Patient Safety.....	28
3.6.	Non Functional Requirements	28
3.6.1.	Quality Attributes.....	28
3.6.2.	Performance.....	28
3.6.3.	Availability	28
3.6.4.	Capacity	29
3.6.5.	Reliability	29
3.6.6.	Security	29
3.6.7.	Training	29
4.	Business Process Models	30
4.1.	AS IS Workflows	30
4.2.	TO BE Workflows	30
5.	Requirements Traceability	31
A.	Appendix – Process Model Summary Report (PMSR)	33
B.	Appendix – Stakeholders	34
C.	Appendix – Acronyms and Definitions	35
D.	Appendix – References.....	40
E.	Appendix – Approval Signatures.....	41

1. Introduction

1.1. Purpose

The purpose of the Requirements Elaboration Document (RED) is to provide detailed requirements that address the need to migrate information from the Department of Veterans Affairs (VA) Care Management Tracking and Reporting Application (CMTRA) to the VA Federal Case Management Tool (FCMT), built on Customer Relationship Management (CRM) technology. The objective is to ensure that authoritative case management information is available in support of the Care Management and Social Work Services (CMSWS), Veterans Health Administration (VHA) Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) care management program. This also includes VA specialty programs such as Rehabilitation and Prosthetics Service, Spinal Cord Injury/Disorder Service, Blind Rehabilitation Service, and Mental Health Service that provide specialized lifelong clinical care and case management for Service members and Veterans.

1.2. Scope

To best meet the needs of VHA OEF/OIF/OND and specialty care managers – an approach which can deliver incremental and tangible enhancements should be considered. This includes the migration of all CMTRA users to FCMT, in support of the implementation of the Interagency Comprehensive Plan (ICP) and to meet CMTRA current user requirements, which include but are not limited to reporting and tracking of the contact plan.¹

In summary, this is a request for 1) migration of all existing functionality and users from CMTRA to VA's CRM platform (FCMT) and 2) implementation of enhanced capabilities to support these programs based on the inherent toolset in CRM. Documented enhancements are deemed a high priority for the business and essential for VA to provide comprehensive, world-class care for Service members, Veterans and beneficiaries.

1.3. Description of New Product

Currently, VHA OEF/OIF/OND and specialty care management programs use CMTRA to track the care management of injured and ill OEF/OIF/OND Veterans, performance measure data, Lead Coordinator information, and frequency of expected contact. CMSWS monitor these reports regularly and uses the data to report to senior VA leadership.²

Through implementation of CRM (FCMT), VA is improving case management by reducing information stovepipes and empowering Veterans through implementation of technologies that provide the greatest value to our most important customers –Veterans and their families. These technologies must support our Veterans in increasing transparency through self-service capabilities, better enabling warm hand-offs through information sharing, and that support

¹ Virtual Lifetime Electronic Record (VLER) Benefits Business Requirements Document (BRD), Nov 2012

² VHA Handbook 1010 01 Care Management of OEF-OIF SM and Veterans 2009

improvements in continuity of care. To allow VA staff to focus on providing quality and seamless service for Service members and Veterans, this technology should support information sharing across case/care management/coordination and benefits assistance personnel who share a common client. The consolidation of systems and reduction of redundant or competing business processes contribute to the goals of VA to provide comprehensive, world-class care. While the specific case or care management focus within each organization may vary given specific missions and priorities, there are similarities in business requirements and client populations that are shared across the business lines and that lend these systems to consolidation.

CRM (FCMT) will add new functionality such as the ability to automate the case management capabilities of intake, referral and enrollment; creation and maintenance of the individual case records and plans; enable enhanced communication methods between case managers and their clients; provide insight into services being provided by other case managers and by external entities; enable enhanced consultation processes with VA's extended network of clients/caregivers; and provide case managers with the ability to update, manage, and report on the status of their case throughout the continuum of care.

Lastly, the Joint Executive Committee (JEC) co-chairs affirmed the use of CRM (FCMT) as the common technology solution in support of the Interagency Care Coordination Committee (IC3) effort to establish a single, interagency longitudinal plan covering all care, benefits, and services provided to the wounded, ill, or injured Service members and Veterans.³ Widespread use of CRM technology will enable VA to retire costly legacy systems, increase interagency information sharing and support joint efforts to improve care for Service members and Veterans.

³ Memorandum for the Record, Joint Executive Committee Meeting, September 27, 2012

2. Overall System Attributes

2.1. Dependencies and Constraints

- A collaborative, synchronized analysis effort within VA and with the Department of Defense (DoD) stakeholders is critical to ensuring the continued success of CRM (FCMT).
- The system is dependent upon the supporting physical architecture.
- CRM (FCMT) analysis and development resources are needed for continued elaboration.
- Completeness of the referenced requirements and historical documentation documents.
- Functioning hardware, operating systems, and databases configured, placed and supported by vendors and VA.

2.2. Risks

Risk #	Date Raised	Risk Description/ Text Description	*Risk Impact	**Risk Severity	Mitigation
1	7/22/13	Compressed timelines, disparate systems, and resources provide inherent risk that not all requirements have been fully captured, scoped, or prioritized. If supplemental requirements documentation is not generated to support transition to FCMT, then the system may not meet end user needs.	Med	3	Continue to keep stakeholders closely involved in the project as it progresses and ensure communication of issues and mitigations are done without delay. Use the FCMT Integrated Project Team (IPT) to serve as the forum for this dialog.
2	7/22/13	Without engaged user interactions to determine complete business requirements, user acceptance criteria and testing (UAT), training, and involvement with the IT staff across the Software Development Lifecycle (SDLC), could result in implementation of a system with impaired or incomplete user functionality.	Low	5	Engage users through the FCMT IPT, leverage lessons learned from the previous migration efforts (i.e. FRCP, VHA/VBA migrations), and ensure implementation plans incorporate user feedback and concerns.

**Risk Impact: High, Medium, Low*

***Risk Severity: 1-5: 1 = High, 5 = Low*

3. Specific Requirements

Note: The numbering sequence for the Business Need Requirements, Business Owner Requirements, Business Detail Requirements, Business Rules, and Non-functional Requirements are based on the auto-generation of numbers within the Rational® RequisitePro tool used for documenting and tracking requirements and are not in any sequential order.

3.1. Data Management Requirements

The ownership and handling of data is the responsibility of the VHA OEF/OIF/OND Care Management Program Office and specialty care management programs.

3.2. Business Need Requirements

NEED2726: Migrate data and users of CMTRA to FCMT.

NEED2727: Allow all CMTRA users (VHA OEF/OIF/OND, specialty care managers, Federal Recovery Coordination Program (FRCP), and VA Liaisons for Healthcare) broader tracking and reporting functionality within FCMT.

NEED2728: Support necessary functions for the Lead Coordinator role.

NEED2729: Provide capability to document all care management activities, tasks and supporting actions (clinical and non-clinical).

3.3. Business Owner Requirements

OWNR11031: Provide the ability for CMTRA users to retain all current CMTRA functionality in FCMT.

OWNR11032: Ensure all data for CMTRA users is migrated to FCMT.

OWNR11033: Provide the ability for CMTRA users to use capability and data fields currently available within FCMT.

OWNR11034: Provide a display/report that lists all patients that have been inactivated. Report should allow users to filter results by site, Veteran Integrated Service Network (VISN), nationally, and by care manager. Allow drill down to the patient level. Additional filters for specified date range include annual, quarterly, monthly, and custom range.

OWNR11035: Provide a display/report that shows the number of patients added, during a specific period of time, at the national, VISN, facility, and care manager level. Allow drill down to the patient level. Report should allow sorting by month, quarter, year, or custom range.

OWNR11036: Provide users the ability to view history of facilities in addition to care managers per patient. (Currently a location field inside the case; DoD, VA, and private facilities listed. Ability to add facilities)

OWNR11037: Provide the ability to enter selected contact information once and have it update both the patient's electronic health record and FCMT.

OWNR11038: Provide the ability to display Lead Coordinator information from FCMT to the patient's electronic health record.

OWNR11039: Provide a display/report that identifies the number of specialty care managers who fulfill the Lead Coordinator role; also get specialty care management ratio (nationally, VISN, and facility).

OWNR11040: Provide a display/report that identifies the number of patients which have a Lead Coordinator (nationally, VISN, and facility how many cases and the level of support for each).

OWNR11041: Provide ability for FCMT to maintain an outreach/relationship list of patients (by care manager) who do not have an associated care management contact plan.

OWNR11042: Provide additional sort/filter capability for **View Contact and their Next Due Dates Report** to display/print by specific care manager.

OWNR11043: Ability of FCMT users to make a referral to VA programs such as Homelessness/HOMES, suicide prevention/SPAN, and others.

OWNR11044: Provide the capability for FCMT users to customize their Care Management Contacts List.

OWNR11045: Provide a customizable **Comprehensive Screening Report** for FCMT users. (Note: Will include multiple sources such as FRC/PRC, Polytrauma, MTF2VA, HOMES, SPAN, all Wounded Warrior programs, and VR&E)

OWNR1146: Provide capability to alert care manager of an existing contact that is due and provide notification preference options to the user (option to receive or not; strictly reminders for contacts that are due).

OWNR11047: Provide capability for users to set their notification preference for contacts due (exceptions include MTF2VA or VAMC to VAMC transfers).

OWNR11048: Provide the ability for Lead Coordinator to render and maintain the Lead Coordinator Checklist within FCMT.

OWNR11049: Provide the ability for Lead Coordinator to send data related from Lead Coordinator Checklist to the electronic medical record.

OWNR11050: Provide the ability for Lead Coordinator to manage their Interagency Comprehensive Plan (ICP)⁴ within FCMT.

OWNR11051: Provide the ability to print or export any report or list.

OWNR11052: Provide a display/report of Performance Measures/Metrics for OEF/OIF/OND Program Office.

⁴ ICP Version 1.0 is the Federal Individual Recovery Plan (FIRP)

3.4. Business Detail Requirements

3.4.1. [BUC183](#)# - Care Management Manage and Track Contact

This business use case describes necessary data elements required to manage and track patient contact information, the contact plan, and Lead Coordinator name/role within FCMT. This business use case outlines steps for searching/selecting a patient and entering or updating health information provided for each of the following data classes associated to the registered user:

- Patient Information
- Care Management Information
- Contact Information
- Transfer History

3.4.1.1. [BDET3689](#): The System shall display Patient Search Menu

3.4.1.2. [BDET3690](#): The System shall display the Patient's History

3.4.1.3. [BDET3691](#): The System shall display requested screens (Patient Information, Care Management, or Contact Information)

3.4.1.4. [BDET3692](#): The System shall update record and return user to Main Menu Screen

3.4.1.5. [BDET3693](#): The System shall display possible matches to the search criteria. Displayed data elements shall include:

- Patient ID Number
- Last Name
- First Name
- Middle Initial (or Name)
- SSN
- Areas
- CM Status

3.4.1.6. [BDET3694](#): The System shall display Patient History data to include:

- Patient ID Number
- Name
- SSN
- DOB
- Sex
- Status
- Current VAMC (if assigned)
- Contact Plan (if available)
- Level of Care
- Severe Injury/Illness (SI) Indicator
- Lead Coordinator Name
- Lead Coordinator Specialty
- Lead Coordinator Checklist Initiated?
- Lead Coordinator Script Initiated?
- Last Date LC Checklist/Script Reviewed

- 3.4.1.7.** **BDET3695:** The System shall display CM Contact record including:
Contact ID Number, Date Contact Attempt Ended, Contact Entered (Date), Contact Made by, Contact Method, Contact Type, CM Required? (Y/N), Entered in error? (Y/N), and Action/Selection
- 3.4.1.8.** **BDET3696:** The System shall display MTF2VA Contacts record including:
Contact ID, Receiving VAMC, Date VHA Notification, Date Project Transfer, Date Contact Attempt Ended, Contact Entered (Y/N), Result of Contact, CM Required (Y/N), Action/Select
- 3.4.1.9.** **BDET3697:** The System shall display Qarmat-Ali Contacts record including: Contact ID Number, Contact Completed (Y/N), VAMC (Primary), Date Contact Attempt Ended, Appointment Date, Contact Entered (Date), CM Required (Y/N), and Action/Selection
- 3.4.1.10.** **BDET3698:** The System shall display Case Management Contacts record including: Contact ID Number, Date Contact Attempt Ended, Contact Entered (Date), Contact Made by, Contact Method, Contact entered in error? (Y/N), and Action/Selection
- 3.4.1.11.** **BDET3699:** The System shall display Transfer History record selection including: Transfer ID, Transfer Date, Transferring VAMC, Receiving VAMC, Receiving LC, Comment, and Action/Selection
- 3.4.1.12.** **BDET3700:** The System shall display Patient Information to include:
- Patient Source
 - Last Name
 - First Name
 - Middle Name (or Initial)
 - Social Security Number (SSN)
 - Confirm SSN
 - Date of Birth (DOB)
 - Sex
 - Point of Contact (POC) Name
 - POC Relationship
 - POC Relationship (Other)
 - POC Phone Number
 - Medical History
 - Special Population
 - Military Class Injury
 - Military Era
 - Military Status
- 3.4.1.13.** **BDET3701:** The System shall save updated Patient Information
- 3.4.1.14.** **BDET3702:** The System displays the Care Management information including:
- Patient ID
 - Last Name
 - First Name
 - Middle Name (or Initial)
 - SSN

- DOB
- Lead Coordinator (Specialty)
- Initiated LC Checklist
- Initiated LC Script
- Date LC Checklist First initiated
- Date LC Script First initiated
- Last Date LC Checklist Reviewed
- Last Date LC Script Reviewed
- Current VAMC
- Primary VAMC
- CM Contact Plan
- Level of Care Management
- Severely Injured/III
- Date First Identified as SI
- Date SI was Last Modified
- OEF/OIF Program Manager Name
- Date OEF/OIF PM Assigned
- OEF/OIF Clinical Case Manager
- Date OEF/OIF CCM Assigned
- OEF/OIF TPA Name
- Date OEF/OIF TPA Assigned
- Federal Recovery Coordinator (FRC) Name
- Date Federal Recovery Coordinator (FRC) Assigned
- OEF/OIF MH Case Manager
- Date OEF/OIF MH CM Assigned
- OEF/OIF SCI Case Manager Name
- Date OEF/OIF SCI Case Manager Assigned
- OEF/OIF Polytrauma Case Manager
- Date OEF/OIF Polytrauma Case Manager Assigned
- OEF/OIF VIST Coordinator Name
- Date OEF/OIF VIST Coordinator Assigned
- PACT Case Manager
- Date PACT Case Manager Assigned
- Transferred?
- Reason for Transfer
- Reason for Transfer (Other)
- Date Transferred
- Case Inactivated? (Y/N)
- Reason for Inactivation
- Date Inactivated
- Date Reactivated

3.4.1.15. [BDET3703:](#) The System shall save updated Care Management information

3.4.1.16. [BDET3704:](#) The System shall display the Contact Information including:

- Patient ID
- Last Name
- First Name
- Middle Name (or Initial)
- SSN
- DOB

- Severely Injured/III?
- Case Manager Name
- Number of Tries
- Contact Method
- Contact Type
- Date Contact Attempt Complete Type
- Date Contact was entered in CMTRA/FCMT
- Three – Three Rule Met? (Y/N)
- For SI Patients Only: Care Management Selection Criteria
- For Non-SI Patients: Care Management Selection Criteria
- Issues Category
- Issues Category (Other)
- CPRS Entry
- Certified Letter Sent (Y/N)
- Call to Next of Kin (Optional)
- Home Visit by TPA and/or Case manager (Optional)
- VA Police Safety Visit (Optional)
- Contact Comment
- Contact Entered in Error

3.4.1.17. [BDET3705:](#) The System shall save updated Contact Information

3.4.1.18. [BDET3706:](#) The System shall automatically link to electronic checklist/script to appropriate LC Checklist/Script status

3.4.1.19. [BDET3707:](#) If user attempts to close any CM window prior to saving data, the System shall display warning that no event data will be saved

3.4.2. Business Rules - Care Management Manage and Track Contact

3.4.2.1. [BBR492:](#) The System should prevent user from selecting the “Add New CM Contact” option if required data is not available in Patient Information and Care Management Information. System should direct user to update the Patient Information & Care Management Screens

3.4.3. [BUC184#](#) - Care Management User Administration

This business use case describes necessary data elements required to manage users within FCMT. It describes the management of users, as conducted by the VHA OEF/OIF/OND VISN points of contact (POC). It also describes alternative workflows, within the “Care Management User Report” for viewing care managers by role.

3.4.3.1. [BDET3708:](#) The System displays the User Admin menu

3.4.3.2. [BDET3709:](#) The System displays User Search screen

3.4.3.3. [BDET3710:](#) The System shall display possible matches to the search criteria including the following data elements:

- Last Name

- First Name
- Domain
- VHA user name
- VA Email address
- Staff active

3.4.3.4. [BDET3711:](#) The System displays User Information which can be edited:

- Last Name
- First Name
- Domain
- VHA user name
- VA Email Address
- Assigned Facility
- Role(s)

3.4.3.5. [BDET3712:](#) The System shall save changes to record and displays notification that update is completed

3.4.3.6. [BDET3713:](#) The System shall display editable fields to “Add New User” including:

- Last Name
- First Name
- Domain
- VHA user name
- VA Email Address
- Assigned Facility
- Role(s)

3.4.3.7. [BDET3714:](#) The System shall save new user record and displays notification that record addition is completed

3.4.3.8. [BDET3715:](#) The System shall provide ability to access CM User Report from User Admin menu

3.4.3.9. [BDET3716:](#) The System add the role of PACT Case Manager to assignable user roles

3.4.4. Business Rules - Care Management User Administration

3.4.4.1. [BBR493:](#) The System shall verify valid VHA network user account information through Active Directory (GAL)

3.4.4.2. [BBR494:](#) The System shall allow user administrator to select multiple facilities

3.4.4.3. [BBR495:](#) The System shall allow user administrator to select multiple user roles for assignment

- 3.4.4.4. [BBR496](#): The System shall pre-populate valid VHA network user account information (such as name, username, email address) from Active Directory (GAL) when creating new user within FCMT

3.4.5. [BUC185#](#) - Care Management Relationship Contact Report

This business use case describes necessary data elements required to display a Care Management Relationship Contact Report within FCMT. This report is designed to allow care managers to maintain a list of relationship contacts for 1) patients that previously were on a contact plan, have been inactivated, but the care manager would like to maintain contact with that patient; and 2) a patient who was screened for care management, did not require a contact plan, but the care manager would like to maintain contact with that patient.

- 3.4.5.1. [BDET3717](#): The System displays Relationship Contact Report available on CM Report Menu
- 3.4.5.2. [BDET3718](#): The System shall present options for filtering Relationship Contact Report including by VISN/VAMC and Last Contact Date
- 3.4.5.3. [BDET3719](#): The System shall display possible matches to the search criteria including:
- Patient ID
 - Patient Name
 - Last contact date
- 3.4.5.4. [BDET3720](#): The System open window to selected Contact Information screen
- 3.4.5.5. [BDET3721](#): The System displays Inactivated List available on Care Management Report Menu
- 3.4.5.6. [BDET3722](#): The System display options for filtering Inactivated List including VISN/VAMC and Inactivate Date
- 3.4.5.7. [BDET3723](#): The System shall display possible matches to the search criteria including:
- Patient ID
 - Patient Name
 - Last contact date
 - Inactivate date
- 3.4.5.8. [BDET3724](#): The System open window to selected Patient History screen

3.4.6. Business Rules - Relationship Contact Report

- 3.4.6.1. [BBR497](#): The System shall review last contact information from Last CM Contact, CM Screening, or a Relationship Contact

3.4.7. [BUC186#](#) - Care Management National Report

This business use case describes necessary data elements required to display the Care Management National Report within FCMT, by the National VHA OEF/OIF/OND Care Management Office. National Report includes the "CM Screen Veterans without an Associated VAMC Report" and a flow into the "Patient History" screen, if available.

- 3.4.7.1. [BDET3725](#): The System shall display Care Management Reports Menu
- 3.4.7.2. [BDET3726](#): The System shall present options for filtering CM Screen Veterans without an Associated Report including VISN/VAMC, SI/Non-SI, and Contact Type
- 3.4.7.3. [BDET3727](#): The System shall display possible matches to the search criteria including:
- Patient ID
 - Patient Name
 - SSN
 - Zip Code
- 3.4.7.4. [BDET3724](#): The System shall open window to Patient History Screen, if available

3.4.8. [BUC187](#)# - CM Management Reports

This business use case describes necessary data elements required to display, print, or export Care Management reports within FCMT, by care managers, program managers, Lead Coordinators, and the national office. Care Management reports include:

- Monthly Summary Report: A summary report of all patients currently care managed. Report includes basic demographic information on all patients.
- Monthly Outlier Report: Report of all Seriously Injured/Ill patients who have not been contacted in accordance to their designated contact plan or have not been contacted within 7 days of a referral from the VHA Liaison, stationed at the Medical Treatment Facility (MTF).
- Care Management Case Ratio Report Suite: A report that provides the number of patients assigned to each Lead Coordinator along with the level of case management.
- Care Management User Reports: A report showing users by facility and role in order that administrators can monitor their care management users and provide guidance to manage user access, as appropriate.
- Care Management Screening Summary Report: A report which shows the number of patients screened, their outcome, and number of patients who still require action.
- MTF2VA Appointment Scheduling Report: A report which provides the number of patients transferring from an MTF to VAMC who had an appointment scheduled prior to transfer, an appointment scheduled after transfer, and those did not have an appointment scheduled.
- MTF2VA Appointment Scheduling Outlier Report: A report which details patients transferring from an MTF without a scheduled appointment at the Receiving VAMC.

- 3.4.8.1. [BDET3725:](#) The System shall display **Care Management Reports Menu**
- 3.4.8.2. [BDET3728:](#) The System shall present options for filtering **Monthly Summary Report** including Report Level (National/VISN/Facility), SI/Non-SI, and Month
- 3.4.8.3. [BDET3729:](#) The System shall display possible matches to the search criteria. Displayed data elements for **Monthly Summary Report** shall include:
- Total Unique Patients
 - Current Number of Unique Patients (Both SI and NonSI) receiving Care Management
 - Current Number of Unique Patients (Both SI and NonSI) receiving Care Management with a contact due during the current reporting period
 - Current Number of Unique Patients (Both SI and NonSI) receiving Care Management with a FRC status of ACTIVE
 - Current Number of Unique Patients (Both SI and NonSI) receiving Care Management with a FRC status of INACTIVE
 - Current Number of Unique Patients (Both SI and NonSI) receiving Care Management who has been to a PRC
 - Unique Patients receiving Care Management
 - Total Care Managed by Gender (Type/Percentage)
 - Total Care Managed by Reason for Care Management
 - Total Care Managed by Age Distribution (Total/Percent)
 - Number of Cases Managed by VISN
 - Number of Cases Managed by Facility
 - Summary 2 - Unique Patients receiving Care Management by Contact Plan
 - Care Management Contact Plans and Percentages
- 3.4.8.4. [BDET3730:](#) The System opens window for Patient Information Screen
- 3.4.8.5. [BDET3731:](#) The System shall display possible matches to the search criteria for the **Monthly Outlier Report**. Displayed data elements shall include:
- Patient ID
 - Patient Name
 - SSN
 - Primary VAMC
 - Lead CM Name
 - Date Contact Entered
 - Successful Contact Date
 - Contact Plan
- 3.4.8.6. [BDET3724:](#) The System shall open window for Patient History Screen
- 3.4.8.7. [BDET3732:](#) The System presents options for filtering **Care Management Case Ratio Report** including VISN/VAMC

- 3.4.8.8. [BDET3733](#): The System shall display possible matches to the search criteria. Displayed data elements for **Care Management Case Ratio Report** shall include:
- Total Patients Receiving Care Management
 - Total Number of Care Managers
 - Ratio of Patients vs. Care Managers
 - Intensive Care Management number/percentage for care manager / facility
 - Progressive Care Management number/percentage for care manager / facility
 - Supportive Care Management number/percentage for care manager / facility
 - Lifetime Q-6M Care Management number/percentage for care manager / facility
 - Lifetime Q-Annual Care Management number/percentage for care manager / facility
 - Total number of patient /percentage for case manager / facility
- 3.4.8.9. [BDET3734](#): The System shall present options for filtering **CM User Report** including VISN/VAMC and user role
- 3.4.8.10. [BDET3735](#): The System shall display possible matches to the search criteria. Displayed data elements for **CM User Report** shall include:
- Total Number of Care Managers
 - Total Number of Care Managers by user role
 - Percentage of Care Managers by user role
- 3.4.8.11. [BDET3736](#): The System shall open window for Add/Edit User
- 3.4.8.12. [BDET3737](#): The System shall present options for filtering **Care Management Screening Summary Report** including VISN/VAMC, user role, reporting period, and Critical/Non-Critical Sources
- 3.4.8.13. [BDET3738](#): The System shall display possible matches to the search criteria. Displayed data elements for **Care Management Screening Summary Report** shall include:
- VISN
 - Station Name
 - Count (break-down of total assigned)
 - Total assigned
 - Number of Patients Screened
 - Number of Patients Not Screened
 - Remaining/pending patients
 - Total (sum of patient screened, not screened, and remaining/pending)
 - Patient Screened Positive for Care Management/Total Patients (percentage)
 - Number of Patients Requiring Case Management

Number of Patients Who Do Not Require Case Management

- 3.4.8.14. [BDET3739](#): The System shall open window for Care Management Contact Screen
- 3.4.8.15. [BDET3740](#): The System shall display **MTF2VA Reports menu**
- 3.4.8.16. [BDET3741](#): The System shall present options for **MTF2VA Appointment Scheduling Report**
- 3.4.8.17. [BDET3742](#): The System shall display filter results by **MTF Transfer to VAMC by MTF** or **MTF Transfer to VAMC by Facility**
- 3.4.8.18. [BDET3743](#): The System shall display possible matches to the search criteria. Displayed data elements for **MTF Transfer to VAMC by MTF** or **MTF Transfer to VAMC by Facility** shall include:
- VISN
 - Station Number
 - Station Name
 - Total Cases Transferred
 - # of Inpatient
 - # of Outpatient
 - # of Other
 - Total Appointment Scheduled Prior to Transfer
 - Percent of Appointment Scheduled Prior to Transfer
 - Total Appointment Scheduled After Transfer
 - Percent of Appointment Scheduled After Transfer
 - Total Cases with NO Appointment Scheduled
 - Percent of Cases with NO Appointment Scheduled
 - Percent of Cases Coordinated Prior to Transfer
- 3.4.8.19. [BDET3724](#): The System shall open window for Patient History
- 3.4.8.20. [BDET3744](#): The System shall present options for filtering **MTF2VA Appointment Scheduling Outlier Report** including VISN/VAMC and Month/Year
- 3.4.8.21. [BDET3745](#): The System shall display possible matches to the search criteria. Displayed data elements for **MTF2VA Appointment Scheduling Outlier Report** shall include:
- Report Period
 - VISN
 - Station Number
 - RealSSN
 - Patient Name
 - MTF ID
 - MTF Name
 - Referral to VHA Liaison in MTF Date
 - Actual Transfer Date
 - Difference between Actual Transfer Date and Referral Date
- 3.4.8.22. [BDET3724](#): The System shall open window for Patient History

3.4.9. Business Rules - CM Management Reports

- 3.4.9.1. [BBR498](#): For **Monthly Summary Report**, the System should default to previous month, but provide ability to produce previous reports
- 3.4.9.2. [BBR499](#): For **Monthly Summary Report - Total Care Managed by Age Distribution (Total/Percent)**, ranges include: <25, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, and Other
- 3.4.9.3. [BBR500](#): For **Monthly Outlier Report**, the System shall automatically generate report from previous month
- 3.4.9.4. [BBR501](#): For all Care Management reports, the System should default display or filtering of VISN/VAMC to user profile, but allow them to change based upon user role/permissions
- 3.4.9.5. [BBR502](#): For **Care Management Users Report**, the System should allow entry from User Admin menu
- 3.4.9.6. [BBR503](#): For **Care Management Users Report**, the System will display contact filtering of VISN/VAMC based upon role of Program Manager
- 3.4.9.7. [BBR504](#): For **Care Management Users Report**, the System should allow Program Managers to drill down to user level (name/role)
- 3.4.9.8. [BBR505](#): For **Care Management Screening Summary Report**, the System should provide ability to drill-down "Number of Patients Not Screened" and "Number of Patients Not Case Managed" by reason
- 3.4.9.9. [BBR506](#): For **Care Management Screening Summary Report**, the System should provide ability for user to drill-down to the Patient level
- 3.4.9.10. [BBR507](#): For **MTF2VA Appointment Scheduling Reports**, the System should default to Current VAMC of user based upon user role
- 3.4.9.11. [BBR508](#): For **MTF2VA Appointment Scheduling Reports**, the System should provide ability to drill-down to access patient level data
- 3.4.9.12. [BBR509](#): For **MTF2VA Appointment Scheduling Outlier Report**, RealSSN data will only be available for display based upon current CMTRA access rules, otherwise report shall only display headings

3.4.10. [BUC188](#)# - Care Management Operational Reports

This business use case describes necessary data elements required to display, print, or export Operational Care Management reports within FCMT, by the care manager, program manager, Lead Coordinator, and national office. Operational Reports include:

- Care Management Screen List-List of all patients who need to be screened for care management
- All Contacts at my Site- A list of patients being care managed by site or by VISN which can be filtered by individual care manager

- Contacts and their next due dates-A tickler list of all patients being care managed to help Lead Coordinators contact them according to the designated contact plan
- New Patients Added- List of patients being transferred to your VAMC from another VAMC
- CM Data with Plan / No Contacts Entered- List of patients with a contact plan but an initial contact has not been entered on the patient yet

MTF2VA Veterans List- Reports shows the patients who transferred from a MTF to a VAMC

3.4.10.1. [BDET3746:](#) For all Care Management Reports, the System should provide users the ability to customize reports in regards to ordering of columns and adding/removing optional fields

3.4.10.2. [BDET3747:](#) For **CM Screen List**, the System shall present options for filtering CM Screen List including VISN/VAMC, SI/Non-SI, and Contact Type

3.4.10.3. [BDET3748:](#) For **CM Screen List**, the System shall display possible matches to search criteria. Displayed data elements shall include:

- Patient ID Number
- Patient Name
- Facility
- Critical Type
- Non-Critical Type
- Status
- Screened for CM?
 - Yes
 - No
- Date Screened
- If not screened, why not?
- Completed By
- Date Completed
- Needs CM?
 - Yes
 - No
- Referrals
 - Caregiver Support Coordinator
 - Federal Recovery Coordinator
 - Homeless
 - Environmental Exposure Coordinator
 - Polytrauma Case Manager
 - Suicide Prevention Coordinator
 - VBA
 - Other
- Result of Contact
 - Outpatient Appointment Scheduled
 - Coordinated Inpatient Admission
 - Referral Made
 - Veteran Declined Appointment
 - Patient Transfer Declined
 - No Action Taken

3.4.10.4. [BDET3739:](#) For **CM Screen List**, the System shall open to CM Contact Screen

3.4.10.5. [BDET3749:](#) The System shall present options for filtering **All Contacts at my Site Report** including VISN/VAMC, SI/Non-SI, and Contact Type

3.4.10.6. [BDET3750:](#) The System shall display possible matches to the search criteria. Displayed data elements for **All Contacts at my Site Report** shall include:

- Patient ID Number
- Patient Name
- SSN
- Current VAMC
- Primary VAMC
- Lead Coordinator
- Lead Coordinator Type
- Care Manager Entering Last Contact
- Severely Injured/III (SI)?
 - Yes
 - No
- Date Contact Attempt Ended
- Contact Entered Date
- VHA Notification Date
- Projected Transfer Date
- Contact Type
- Comments

3.4.10.7. [BDET3730:](#) The System shall open Patient Information screen

3.4.10.8. [BDET3751:](#) The System shall present options for filtering **Contacts and Next Due Dates Report** including VISN/VAMC, SI/Non-SI, and Contact Type

3.4.10.9. [BDET3752:](#) The System shall display possible matches to the search criteria. Displayed data elements for **Contacts and Next Due Dates Report** shall include:

- Patient ID Number
- Patient Name
- SSN
- Next Due Date
- Date Contact Attempt Ended
- Contact Entered Date
- Severely Injured/III (SI)?
 - Yes
 - No
- Lead Coordinator
- Case Manager Type (Entering Last Contact)
- Case Manager Entering Last Contact
- Number of Tries
- Contact Method
- Current VAMC
- Primary VAMC
- VHA Notification Date
- Projected Transfer Date
- Contact Type
- Status

3.4.10.10. [BDET3720:](#) The System shall open Contact Information screen

- 3.4.10.11. [BDET3753](#): The System shall presents options for filtering **View New Patients Added Report** including VISN/VAMC and SI/Non-SI
- 3.4.10.12. [BDET3754](#): The System shall display possible matches to the search criteria. Displayed data elements for **New Patients Added Report** shall include:
- Patient ID Number
 - Patient Name
 - SSN
 - Lead Coordinator
 - Severely Injured/III (SI)?
 - Yes
 - No
 - VAMC Transferred From
 - Transferred By
 - Staff Email Address Who Transferred
 - Date Transferred
 - Current VAMC
- 3.4.10.13. [BDET3730](#): The System shall open a Patient Information screen
- 3.4.10.14. [BDET3755](#): The System shall present options for filtering **CM Data with Plan / No Contacts Entered Report** including VISN/VAMC and SI/Non-SI
- 3.4.10.15. [BDET3756](#): The System shall display possible matches to the search criteria. Displayed data elements for **CM Data with Plan / No Contacts Entered Report** shall include:
- Patient ID Number
 - Patient Name
 - SSN
 - Current VAMC
 - Primary VAMC
 - Severely Injured/III (SI)?
 - Yes
 - No
 - Lead Coordinator Type
 - Contact Plan
 - CM Active
 - True
 - False
- 3.4.10.16. [BDET3720](#): The System shall open Contact Information screen
- 3.4.10.17. [BDET3757](#): The System shall present options for filtering **MTF2VA Veterans List** including VISN/VAMC
- 3.4.10.18. [BDET3758](#): The System shall display possible matches to the search criteria. Displayed data elements for MTF2VA Veterans List shall include:

- Patient ID
- Patient Name
- SSN
- Receiving VAMC
- Liaison
- Currently Case Managed
 - Yes
 - No
- Contact Completed
 - Yes
 - No
- Case Management Needed
 - Yes
 - No
- SI
 - Yes
 - No
- Contact Method
- Contact Result

3.4.10.19. [BDET3739](#): The System shall open CM Contact Screen for selected Veteran

3.4.11. Business Rules – Care Management Operational Reports

3.4.11.1. [BBR510](#): For the **CM Screen List**, the System shall default to current user based upon FCMT user profile on *Completed By* field

3.4.11.2. [BBR511](#): For the **All Contacts at my Site Report**, the System will default to *Current VAMC* of user

3.4.12. [BUC189](#)# - CM Screen List

This business use case describes necessary data elements required for the VHA OEF/OIF/OND Care Management (CM) Screen List. This report creates a screening report, from a number of screening lists (both critical and non-critical), to identify Veterans who may be in need of care management. This also includes the completion of a screening for a patient being considered for care management, referrals completed, and action taken.

3.4.12.1. [BDET3759](#): The System shall display the **CM Screen List** including the following data filters VISN/VAMC and Status

3.4.12.2. [BDET3760](#): The System shall display search results for **CM Screen List** with the following possible data elements:

- Patient ID
- Patient Name
- Facility
- Critical Source (indicate all applicable sources)
 - MTF2VA
 - FRC
 - Initial
 - Homeless
 - Suicide

- Non-Critical Source (indicate all applicable sources)
 - DoD WW
 - VR&E
 - Caregiver
 - Environmental Exposure
 - PRC
- Status
 - Due
 - Completed
- Screen for CM?
 - Yes
 - No
- Reassign
- Date Screened
- Reason not screened
 - Death
 - Declined
 - Incarcerated
 - Other
 - Return to Active Duty
 - Return to MTF
 - Unable to Contact
- Completed by (Case Manager name)
- Date Completed
- Needs CM
 - Yes
 - No
- Referred to:
 - Caregiver Support Coordinator
 - Federal Recovery Coordinator
 - Homeless
 - Environmental Exposure Coordinator
 - Polytrauma Case Manager
 - Suicide Prevention Coordinator
 - VBA
 - Other
- Action Taken
 - Outpatient Appointment Scheduled
 - Coordinated Inpatient Admission
 - Referrals made – See Referrals Section
 - Veteran Declined Appointment at this time
 - Patient Transfer Declined
 - No Action Taken

3.4.12.3. [**BDET3739:**](#) The System shall open CM Contact Screen menu

3.4.12.4. [**BDET3761:**](#) The System shall open Re-Assign CM Screen Veteran menu

3.4.12.5. [**BDET3739:**](#) The System shall display CM Contact Screen

3.4.12.6. [**BDET3762:**](#) The System shall display the **Display/Edit CM Contact Screen:**

Pre-populated data includes:

- Patient ID

- Last Name
- First Name
- Middle Name (or Initial)
- SSN
- DOB
- Sex
- Address
- City
- State/Zip Code
- Telephone Number

Veteran Source

- Critical
 - Initial Screen
 - FRC
 - Homeless
 - MTF2VA
 - Suicide
- Non-critical
 - DoD WW
 - Caregiver
 - Env Exposure
 - PRC
 - VBA

Editable data includes:

- Veteran Source
- Walk-In

MTF2VA Veterans Only

- VHA Notification Date
- Projected Transfer Date
- Severely Injured/III?

For All Veterans

- Primary VAMC
- VAMC Completing Contact*
- CM Completing Contact
- Date Contact Attempt Ended*
- Number of Tries
- Contact Method*
- Contact Type*
 - CM Screen – Critical
 - CM Screen – Non-critical
- Checking box initiates unable to contact protocol
- Lead Coordinator Checklist Status
- Lead Coordinator Script Status
- 1st Lead Coordinator Completed Date
- Recent Lead Coordinator Review Date
- Was Veteran\Patient Screened for Care Management?*
 - Yes
 - No

If Screened:

- Date Screened
- Care Management Required?
 - Yes
 - No
- If Care Management Not Required, Why Not?
 - Selectable?
 - Other
- Why Not – Other (Text)
- If Not Screened:
- Why Not?
 - Selectable?
 - Other
- Why Not – Other (Text)
- Result of Contact (Select All That Apply)
 - Outpatient Appointment Scheduled
 - Coordinated Inpatient Admission
 - Referrals made – See Referral Section
 - Veteran Declined Appointment at this time
 - Patient Transfer Declined
 - No Action Required
- Referral (Select All That Apply)
 - Caregiver Support Coordinator
 - Federal Recovery Coordinator
 - Homeless
 - Environmental Exposure
 - Polytrauma CM
 - Suicide Prevention Coordinator
 - VBA
 - Other
 - Other (Text)
- Contact Entered in Error

3.4.12.7. [BDET3763](#): The System updates **CM Contact** record and returns user to Main Menu

3.4.13. Business Rules – CM Screen List

3.4.13.1. [BBR512](#): If user selects “Yes” on *Screen for CM* field on the **CM Screen List**, the System shall guide the user to the Care Management Information screen upon completion.

3.4.13.2. [BBR513](#): If user selects “No” on *Screen for CM* field on the **CM Screen List**, the System shall guide the user immediately to the *Reason Not Screened* field.

3.4.13.3. [BBR514](#): If user selects “Reassign” on *Screen for CM* field on the **CM Screen List**, the System shall guide the user to the Re-Assign CM Screen upon completion.

3.4.13.4. [BBR515](#): The System should pre-populate *Veteran Source* information for the **CM Contact Screen** from the CM Screen List.

3.4.13.5. [BBR516](#): The System should automatically prevent entry into the *Walk-In* field if the patient is a MTF2VA Transfer.

- 3.4.13.6. [BBR517](#): The System should automatically pre-populate entry into the *Primary VAMC* from screening criteria.
- 3.4.13.7. [BBR518](#): The System should automatically pre-populate entry into the *CM Completing Contact* from user profile.
- 3.4.13.8. [BBR519](#): Upon entry user entry of the *Result of Contact* field on the **CM Contact Screen**, the System should automatically send a notification message to referring VHA Liaison who made initial referral of specific action.

3.4.14. [BUC190](#)# - Re-Assign CM Screen

This business use case describes necessary data elements required to re-assign a Veteran to another VAMC for the purposes of screening that Veteran at the appropriate VAMC and defines the reasons for re-assignment.

- 3.4.14.1. [BDET3767](#): Upon selection to re-assign veteran from CM Screen List, the System shall display the Re-Assign CM Screen Veteran menu including pre-populated data for:
- Veteran Name
 - Veteran SSN
 - VAMC
- 3.4.14.2. [BDET3768](#): The System shall capture the following data for the Re-Assign CM Screen:
- VAMC Re-assigned To
 - Date Re-assigned
 - Reason for Re-Assignment
 - Patient Preference
 - Permanent Change in Residence Outside of Current VAMC Service Area
 - Receiving care at another VAMC
 - Other (free text)
- 3.4.14.3. [BDET3769](#): The System shall save the updated record and display to user that re-assignment has been completed and instruct user to close window.

3.4.15. [BUC191](#)# - Transfer Care Management

This business use case describes necessary data elements required to transfer patients being care managed to another medical center.

- 3.4.15.1. [BDET3770](#): The System shall display Transfer Patient Search Menu
- 3.4.15.2. [BDET3771](#): The System shall display possible matches to the search criteria. Displayed data elements for Transfer Care Management shall include:
- Patient ID Number
 - Last Name
 - First Name
 - Middle Initial (or Name)
 - SSN
 - Date of Birth

- Areas
 - MTF2VA
 - Care Managed
 - Screening List-Critical
 - Screening List-Noncritical
- Status
 - Active
 - Inactive

3.4.15.3. [BDET3772:](#) The System shall display the Transfer Patient Menu with the following data populated:

- Patient Name
- Patient SSN
- Current VAMC
- Primary VAMC

3.4.15.4. [BDET3773:](#) The System shall allow user to enter the following required data elements including:

- VAMC Patient Transferred To
- Date Patient Transferred
- Reason for Transfer
 - Patient Preference
 - Permanent Change in Residence Outside of Current VAMC Service Area

3.4.15.5. [BDET3774:](#) The System shall allow user to enter the following optional contact data elements including:

- CM Completing Contact
- Contact Method
- Contact Type
- Result of Contact
- Referrals

3.4.15.6. [BDET3775:](#) The System shall save updated record and display to user that transfer has been completed and instruct user to close window.

3.4.15.7. [BDET3776:](#) The System shall provide the ability for the user to access the Transfer Care Management functionality when a veteran is selected under the Manage/Track Contact menu.

3.4.15.8. [BDET3777:](#) After conducting a Patient Search, the System shall notify user that case is currently assigned to another VAMC and prompt for Request for Transfer or cancel.

3.4.15.9. [BDET3778:](#) The System shall display confirmation to user and send request notification to Primary VAMC.

3.4.16. Business Rules – Transfer Care Management

3.4.16.1. [BBR520:](#) The System shall display multiple entries in the Areas section if active and applicable.

3.4.16.2. [BBR521:](#) The System should automatically capture selected patient's information to Transfer Care Management when initiating transfer function within Manage/Track Contact menu.

3.4.16.3. [BBR522:](#) The System shall automatically transfer case to Requesting VAMC after 48 hours if no action. System shall save date and reason for transfer as System Auto-Transfer from Request

3.5. Enterprise Level Requirements

3.5.1. 508 Compliance

[ENTR11:](#) All Section 508 requirements will be adhered to. VHA recognizes that these are Enterprise cross-cutting legal requirements for all developed Electronic & Information Technology (IT). To ensure that these requirements are met, they are addressed through the Enterprise-level requirements maintained by VHA Health Information Technology, Software Engineering and Integration, and Enterprise Requirements Management.

3.5.2. Identity Management

[ENTR8:](#) All Enterprise Identity Management requirements will be adhered to. VHA recognizes that these are Enterprise requirements for all developed Electronic & Information Technology. These requirements are applicable to any application that adds, edits, or performs lookups on persons (patients, practitioners, employees, IT Users) to systems within the VHA. To ensure that these requirements are met, they are addressed through the Enterprise-level requirements maintained by VHA Health Information Technology, Software Engineering and Integration, and Enterprise Requirements Management.

3.5.3. Interoperability (Executive Order)

[ENTR7:](#) In keeping with the President's Executive Order: *Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs*, the VHA Office of Health Information (OHI) must promote quality and efficient delivery of health care through the use of health information technology, transparency regarding health care quality and price, and incentives to promote the widespread adoption of health information technology and quality of care. To support this mission, to the greatest extent possible, any new IT system development or acquisition of commercial system shall:

- Use interoperability standards recognized by the Secretary of Health and Human Services or the appropriate designated body at the time of the system update, acquisition, or implementation, in all relevant information technology systems.
- Ensure interoperability with the Nationwide Health Information Network (NwHIN), as appropriate.

The interoperability and certification standards are constantly evolving; for questions relative to these standards, contact Tim Cromwell, Director of Standards and Interoperability.

3.5.4. Privacy

[ENTR10:](#) All VA and VHA Privacy requirements will be adhered to. Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.

3.5.5. Security

ENTR19: The system shall comply with the laws, regulations, policies, and directives that specify mandatory encryption requirements for the security and privacy of personal health information.

3.5.6. HIPAA Compliance

ENTR78: All efforts must be made to comply with the HIPAA Privacy Rule which provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information.

3.5.7. HL7 Messaging

ENTR63: Health Level Seven (HL7). The HL7 (VistA Messaging) package assists M-based applications conduct HL7 transactions. It provides the facilities to create transmit and receive HL7 messages over a variety of transport layers.

3.5.8. Patient Safety

ENTR31: All efforts must be made to comply with VA and VHA Patient Safety requirements.

3.6. Non Functional Requirements

3.6.1. Quality Attributes

NONF2855: Provide a display to the user indicating that the system is in the process of retrieving the requested information. (e.g., an hourglass)

NONF2856: Information from external systems will be displayed to users in a manner that is consistent with their workflow.

NONF2857: Provide accurately matched records and functionality to ensure correct Service Member/Veteran identification and selection.

3.6.2. Performance

NONF2858: Provide accurate feedback and messages to users to inform them of complete/incomplete status of data retrieval across systems, if applicable.

NONF2859: Cache any dropdown list that will reduce trips to the data base when a case is loaded.

NONF2860: Screen refresh should occur in less than three seconds.

3.6.3. Availability

NONF2861: The service shall measure system availability per instance of service.

NONF2862: System must be available during normal business hours (6am-5pm local time) including Hawaii time zone (Regular preventative maintenance should be scheduled outside normal business hours)

NONF2863: The cause for unplanned service unavailability shall not be relevant to the measurement.

NONF2864: The System shall support 99.9% availability.

3.6.4. Capacity

NONF2892: The total size of records to be migrated over from CMTRA to FCMT is 3 GB.

NONF2893: The system must support at least the total number of active CMTRA users in July 2013 which is 3646 active users.

NONF2894: The system must support an estimated user growth of 3% per year.

NONF2895: Support a minimum of 50,000 Service member/Veteran active cases.

NONF2896: On average, 1000-1500 transactions per user per month (estimated), where a transaction is defined as: viewing a record; working a case (adding notes, contact details, updating status information, etc.); registering a new case; closing a case; or similar activity.

3.6.5. Reliability

NONF2865: System shall support standard VA enterprise reliability features including back-up systems, disaster recovery processes, etc.

3.6.6. Security

NONF2866: Any individually identifiable information need to be transmitted/retrieved in a manner that meets all VA Handbook 6500 requirements.

3.6.7. Training

NONF2867: The training plan will support the smooth transition from CMTRA to FCMT and ensure users can perform their daily work using the new application.

NONF2868: The training curriculum should be selected based on the target audience and allow users to achieve a basic knowledge of the application. Training options shall include lectures, presentations, and discussions either in-person or via virtual sessions for all end users.

NONF2869: Provide user and technical manuals.

4. Business Process Models

4.1. AS IS Workflows

Not applicable for this work effort

4.2. TO BE Workflows

Not applicable for this work effort

4.3. Sample Performance Measure Reports



ChangeNotificationSummary.xls



Measure4b_2013q3.xls



Measure4a_2013q3.xls

5. Requirements Traceability

The purpose of establishing **traceability** for CMTRA Migration to FCMT Work Effort is to help:

- a. Understand the source of requirements.
- b. Manage the scope of the work effort.
- c. Manage changes to requirements.
- d. Assess the work effort impact of a change in a requirement.
- e. Assess the impact of a failure of a test on requirements. (i.e. If test fails, the requirement may not be satisfied.)
- f. Verify that all requirements of the system are fulfilled by the implementation.
- g. Verify that the application does only what it was intended to do.

DESCRIPTION	NEED	OWNR	BDET	BUC	BBR
Migrate all data and users from CMTRA to FCMT	2726	11032	3725, 3726, 3727, 3724	186	
Allow all CMTRA users (VHA OEF/OIF/OND, specialty care managers, Federal Recovery Coordination Program (FRCP), and VA Liaisons for Healthcare) broader tracking and reporting functionality within FCMT.	2727	11031 11033 11034 11035 11036 11037 11041 11042 11043 11044 11045 11046 11047 11051 11052	3689, 3690, 3691, 3692, 3693, 3694, 3695, 3696, 3697, 3698, 3699, 3700, 3701, 3702, 3703, 3704, 3705, 3706, 3707, 3717, 3718, 3719, 3720, 3721, 3722, 3723, 3724, 3730, 3739, 3746, 3747, 3748, 3749, 3750, 3751, 3752, 3753, 3754, 3755, 3756, 3757, 3758	183, 185, 188	492, 497, 510, 511
Support necessary functions for the Lead Coordinator role	2728	11038 11039 11040 11048	3708, 3709, 3710, 3711, 3712, 3713, 3714, 3715, 3716, 3724, 3725, 3728, 3729, 3730, 3731, 3732, 3733, 3734, 3735, 3736, 3737, 3738, 3739, 3740, 3741, 3742, 3743, 3744, 3745	184, 187	493, 494, 495, 496, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509
Provide capability to document all care management activities, tasks and supporting	2729	11049 11050	3739, 3759, 3760, 3761, 3762, 3763, 3767, 3768, 3769, 3770, 3771, 3772,	189, 190, 191	512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522

DESCRIPTION	NEED	OWNR	BDET	BUC	BBR
actions (clinical and non-clinical).			3773, 3774, 3775, 3776, 3777, 3778		

A. Appendix – Process Model Summary Report (PMSR)

Not applicable for this work effort

B. Appendix – Stakeholders**VHA OEF/OIF/OND Care Management Programs:**

Name	Role
Janet Belisle	Health System Specialist, Care Management & Social Work Services
Jennifer Perez	National Program Manager, VA Liaison for Healthcare Program
Kathleen Dinegar	Program Coordinator, VHA OEF/OIF/OND Care Management and VA Liaison Programs
Peggy Kennedy	National Program Manager, VHA OEF/OIF/OND Care Management
Karen Cutright	VHA OEF/OIF/OND Program Manager
Michael Kilmer	Chief Consultant, Care Management & Social Work Services

VHA Specialty Care Management Programs:

Name	Role
Lisa Perla	Office of Rehabilitation Services, Rehabilitation Planning Specialist
Elise Moore	Polytrauma Care Manager
Katherine Sherrill	Spinal Cord Injury/Disorder (SCI/D) Services; Health Systems Specialist, Spinal Cord Injuries/Disorders Services
Gale Watson	National Director, Blind Rehabilitative Service
Deb Voydetich	Blind Rehabilitation Planning Specialist, Blind Rehabilitation Service
Katie Dziak	Program Analyst, Blind Rehabilitation Service
Michael Williams	National Data Specialist; Blind Rehabilitative Service
Wendy Tenhula	Mental Health Services, National Director for VA/DoD Integrated Mental Health

Federal Recovery Coordination Program:

Name	Role
Carol Weese	Director, Federal Recovery Coordination Program
Mike MacDonald	Deputy Director for Benefits, Federal Recovery Coordination Program
Laura O'Shea	Federal Recovery Coordination Program

C. Appendix – Acronyms and Definitions

Table 1: Acronyms

Term	Description
BRD	Business Requirements Document
CRM	Customer Relationship Management
CMSWS	Care Management and Social Work Services
CMTRA	Care Management Tracking and Reporting Application
DoD	Department of Defense
FCMT	Federal Case Management Tool
FRCP	Federal Recovery Coordination Program
HL7	Health Level Seven
HIPAA	Health Insurance Portability and Accountability Act
HOMES	Homeless Operations Management & Evaluation System
ICP	Interagency Comprehensive Plan
IT	Information Technology
IPT	Integrated Project Team
IC3	Interagency Care Coordination Committee
JEC	Joint Executive Committee
LC	Lead Coordinator
MTF	Medical Treatment Facility
NwHIN	Nationwide Health Information Network
OEF	Operation Enduring Freedom
OHI	Office of Health Information
OIF	Operation Iraqi Freedom
OND	Operation New Dawn
POC	Point of Contact
RED	Requirements Elaboration Document
RTM	Requirements Traceability Matrix
SPAN	Suicide Prevention and Application Network
SSN	Social Security Number
SI	Seriously Injured

Term	Description
VISN	Veteran Integrated Service Network
VR&E	Vocational Rehabilitation and Employment
VA	Department of Veterans Affairs
VHA	Veterans Health Administration
VBA	Veterans Benefit Administration
VAMC	Veterans Affairs Medical Center

Table 2: Definitions

Term	Definition
Interagency Comprehensive Plan	The Interagency Comprehensive Plan (ICP) is a SM/V-centered recovery plan with identified goals from recovery and rehabilitation to community reintegration developed from a comprehensive needs assessment which identifies the recovering SM/V's and family or caregiver's personal and professional needs and goals, and the services and resources needed to achieve them through specific activities in those key areas which were reviewed during assessment.
Interagency Care and Coordination Committee (IC3)	A committee for governance under the Joint Executive Committee (JEC) to implement, maintain, and oversee the provision of interagency complex care coordination of seriously or catastrophically ill or injured Service members or Veterans as per DoD-VA Warrior Care Coordination Task Force recommendations.
Clinical Case Manager	A clinical case manager (CCM) uses a collaborative process under the population health continuum to assess, plan, implement, coordinate, monitor, and evaluate options and services to meet an individual's health and psychosocial needs through communication and available resources to promote quality, cost effective outcomes.
Lead Coordinator	The Lead Coordinator (LC) is a role for an existing member of the Care Management Team (CMT) who, while fulfilling their responsibilities of their primary role, assumes responsibility for coordinating the development and overseeing execution of the Interagency Comprehensive Plan (ICP), but is not responsible for the actual delivery of care beyond the Lead Coordinator's scope of practice. The LC facilitates communication and serves as a single point of contact to the Service member or Veteran (SM/V) and family or caregiver, as well as the rest of the CMT, in order to avoid or reduce confusion. Lead Coordinators can be clinical or non-clinical, and are co-located with the recovering SM/V when feasible. Decisions on designation of the LC will be made by the CMT based on the SM/V's clinical and non-clinical needs (can be clinical or administrative personnel). The LC can change (if needed) based on changes in SM/V geography and/or recovery stage. The LC can be DoD or VA personnel regardless of whether they are Service member or Veteran. The LC may be named by mutual agreement of the CMT members, including input from the SM/V, family or caregiver, and command representative. Any disagreements about who will serve as LC will be resolved by the Military Treatment Facility (MTF) Commander, if the SM is at an MTF, Veterans Affairs Medical Center (VAMC) Director if the SM/V is at a VAMC; or the command representative or their designee if the SM is at a civilian facility. The command representative will always be able to communicate with the MTF Commander or VAMC Director when a SM is at an MTF or VAMC.
Seriously Ill or Injured	In the case of a member of the Armed Forces, including a member of the National Guard or Reserves means an illness or injury incurred by the member in the line of duty on active duty in the Armed Forces that

Term	Definition
	<p>may render the member medically unfit to perform the duties of the member's office, grade, rank or rating. It is unlikely that a SM with this illness or injury will return to duty in a time specified by his/her Military Department, and the illness or injury may require medical separation from the Military. This includes traumatic brain injury, psychological trauma, or other mental disorder, incurred or aggregated in the line of duty in the active military, naval or air service that renders the Service member or Veteran in need of personal care services.</p>

Table 3: CMTRA User Totals

Area	# of Users
VHA OEF/OIF/OND Program Managers	152
VISN OEF/OIF/OND POCs	21
VHA OEF/OIF/OND Case Managers	400
Transition Patient Advocates	110
Specialty Case Managers, Spinal Cord Injury	156
Specialty Case Managers , Polytrauma	135
Specialty Case Managers , Mental Health Services	TBD
Specialty Case Managers, Blind Rehabilitation	157
VA Liaisons for Healthcare (read only)	43+ 8 PSAs
FRCP (read only)	33

D. Appendix – References

- VA Liaison for Healthcare Program Guide



VA Liaison Program
Guidance_FinaltoPrint

- VHA Handbook 1010.01 Care Management of OEF/OIF Service Members and Veterans



VHA Handbook 1010
01 Care Management

- VHA Handbook 1010.02 VA Liaisons for Healthcare Stationed at MTF



VHA Handbook
1010.02 VA Liaisons f

E. Appendix – Approval Signatures

The requirements defined in this document are the detailed functional requirements gathered during the elaboration process necessary to meet the design and development needs of Product Development (PD).

Business Liaison

Signifies that the Business Liaison takes responsibility for quality and communication of said detailed requirements to include business related configuration and change management of stated requirements.

Signed: _____

Date: _____

P. Shawn Faherty, Portfolio Manager
HSPM/HSI

Approve.

/r
Shawn
Preferred: 703-791-9599
Alt: 202-236-4977

P. Shawn Faherty
Health Enterprise Systems Manager (ESM) | Health Systems Informatics (HSI) | Office of Health Informatics and Analytics (OIA)/10P2

Business Owner

Signifies that the customer approves the documented detailed requirements which adequately satisfy the customer's desired needs.

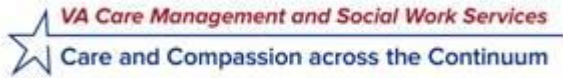
Signed: _____

Date: _____

Michael Kilmer, Chief Consultant, Care Management & Social Work Services

Approved.

Michael T. Kilmer, LCSW
Chief Consultant (10P4C)
Care Management and Social Work Services
Office: 202-461-5538
Mobile: 202-527-4615



Business Owner

Signifies that the customer approves the documented detailed requirements which adequately satisfy the customer's desired needs.

Signed: _____

Date: _____

Peggy Kennedy, National Program Manager, VHA OEF/OIF/OND Care Management

From: Kennedy, Peggy

Sent: Wednesday, August 14, 2013 2:26 PM

To: Jung, David; 'Williamson_Leah@bah.com'; Diaz, Edward

Cc: Belisle, Janet; Kilmer, Michael T. (SES EQV); VHA CM Liaison Group

Subject: Re: REMINDER: Request for Approval: CMTRA Requirements Elaboration Document

Michael, Janet, and I reviewed all confirm approval.

Office of Information Technology (OIT)

Indicates agreement that the requirements have been received, are clear, understandable, and are actionable as documented.

Signed: _____

Date: _____

Dan Pate, VLER IT PMO

Approve.
Thank you,
Dan

Daniel Pate
Dir, VLER PD PM

Office of Information Technology (OIT)

Indicates agreement that the requirements have been received, are clear, understandable, and are actionable as documented.

Signed:

Date:

Dick Rickard, Warrior Support, VLER IT PMO

Nice job. Approve!